St. Mary's Catholic Church

2020-2021 CCD Registration

Student Name: _____ _____ _____

          First   **Middle**   **Last**

Address: _____   **Father's Name:** _____

_____   **Mother's Name:** _____

Home Phone Number: _____   Baptismal Information:

Cell Phone Number: _____   Date - _____

Email Address: _____   Parish - _____

Emergency Contact: _____   _____

Emergency Contact Phone: _____   City - _____

Food Allergies: **No**   **Yes** _____

Volunteers should know the **additional, following Medical Information** when working with my child:

_____

_____

My child is currently enrolled in the _____ grade: **K**   **1**   **2**   **3**   **4**

                                     5   **6**   **7**   **8**   **9-12**

Fees:

$25 per student OR $40 per family   Check _____   Cash _____

                                    Check #

(Additional $25 for sacrament years)   First Communion   Confirmation

Fees are waived for parents willing to help teach a CCD class.

_____ Yes, I am willing to help teach a CCD class.

(I understand that I will be contacted by the DRE.)

_____ No, I am not willing to teach a CCD class at this time.